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CONSENT TO RELEASE FORM

I, the undersigned, hereby consent to be photographed, filmed, videotaped and/or interviewed in conjunction with Good Life Magazine or GoodLifeFamilymag.com (SLP & Company, LLC) for inclusion in the magazine, promotional materials, collaterals or on the website.

I agree that Good Life Family Magazine/GoodLifeFamilyMag.com may use or permit other persons to use the negatives, prints or video prepared from my photographs, words or written materials reflecting my interview for any purpose and in such a manner as they may choose, including but not limited to use informational or promotional materials related to the magazine and website

Including:

- Photos provided by the person(s) or agency or organization for all persons shown
- News coverage by television, newspaper, radio, Internet or other media
- Video news releases
- Advertorials
- Internal and external video productions and GLF promotional materials

I understand and agree that I will not be paid or reimbursed in any way for current or future use of my likeness, words or ideas. I hereby give up any right to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I hereby release and agree to indemnify and hold harmless SLP & Company, Good Life Family Magazine and GoodLifeFamilymag.com its affiliates and trustees, officers, employees, agents, or representative from any injury and/or damages sustained as a result of such photographing, filming, videotaping and/or interviewing, including but not limited to, claims for personal injury, property damage, invasion of privacy and/or breach of confidentiality.

I have read and understand this consent prior to signing. If minor, signature of parent or guardian:

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(patient or guardian)

TODAY'S DATE: \_\_\_\_\_

